





## PART B: FEE(S) TRANSMITTAL

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CHARLES OF A CHARLES OF THE STREET, ST Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 09/09/2002 Benton S. Duffett, Jr. BURNS, DOANE, SWECKER, & MATHIS, I Certificate of Mailing or Transmission

I hereby certify that this Foe(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below. P.O. Box 1404 Alexandria, VA 22313-1404 (Depositor's name (Siz æ. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/760.810 01/17/2001 Kiell Olmarker 003300-737 TITLE OF INVENTION: USE OF CERTAIN METALLOPROTEINASE INHIBITORS FOR TREATING NERVE DISORDERS MEDIATED BY NUCLEUS APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovident \$1280 2300 \$1580 12/09/2002 EXAMINER ART UNIT CLASS-SUBCLASS SEHARASEYON, JEGATHEESAN 1647 424-145100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) 2. For princing on the person attempts the names of up to 3 registered patent attempts or agents OR, alternatively, (2) the name of a Burns, Doane, Swecker, C) Change of currespondence address (or Change of Correspondence Address form FTO/SB/122) ettached. single firm (having as a member a registered 2 & Mathis, LLP attorney or agent) and the names of up to 2 C) "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is regulared. registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) A+ Science AB (publ) Göteborg, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent) 🔾 individual 🖎 corporation or other private group entity . Q government 4a. The following flec(s) are enclosed: 4b. Payment of Fee(s): X) Issue Fee XI A check in the amount of the fee(s) is enclosed. XI Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. (Deficiencies only). X Advance Order - # of Copies \_ 10 The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form). Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Regis. No. (Date)

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